

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1474**  
**434**  
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Jackson**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1224 Pease none**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no** (Specify whether)  
In this community **5 years** (years, months or days)

3. (a) PRINT FULL NAME **WILLIAM SMITH**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **bal** 6. (a) ~~Single~~, widowed, ~~married~~, divorced **Wid**  
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **none** years  
7. Birth date of deceased **Dec 21 1868** (Month) (Day) (Year)

8. AGE: Years **74** Months **1** Days **5** If less than one day hr. min.

9. Birthplace **Buncleton** (City, town, or county) **mo** (State or foreign country)

10. Usual occupation **B Road**

11. Industry or business **Section**

MOTHER FATHER { 12. Name **Went no**  
13. Birthplace **Went no** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Gough**  
15. Birthplace **Buncleton** (City, town, or county) (State or foreign country)

16. (a) Informant **Leala Stephens**  
(b) Address **1224 Pease**  
17. (a) **Buried** (Burial, cremation, or removal) (b) Date thereof **1-30-41** (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn**

18. (a) Signature of funeral director **Doyle Bros**  
(b) Address **1708 Trade**

19. (a) **Jan 29 1941** (Date received local registrar) (b) **Mr H. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Jackson**  
(c) City or town **15 to 1** (If outside city or town limits, write "RURAL")  
(d) Street No. **1224 Pease** (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

1941 MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **Sunday (26)**  
year **1941** hour **15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan. 19, 1940** to **Jan. 26, 1941**  
that I last saw him alive on **Jan. 24, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy** Duration

Due to **Arterio-sclerosis**

Due to **31 B**

Other conditions **Nephritis Chronic**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury **9**

23. Signature **G. W. Stonell** (M. D. or other) **P.O.**  
Address **3103 Went** Date signed **1-27-41**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*B. L. Huisham*

Licensed Embalmer No. *2540*

P. O. Address

*2208 Vine St*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**